

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05806

Reg. Dist. No. 60

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marydel</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marydel</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (First) <u>Mary</u> (Middle) <u>Albia</u> (Last) <u>Albia</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>19</u> (Year) <u>51</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5/12/1891</u>
9. AGE last birthday <u>60</u> yrs.		10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
13. FATHER'S NAME <u>Michel Comedaca</u>		14. MOTHER'S MAIDEN NAME <u>Lucetia Danergo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Nicholas Albia Marydel, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Secondary Cancer</u>		<u>10 mos.</u>
Antecedent cause(s) (b) <u>Gastric tumor with metastases</u>		<u>Unknown</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Hepatic metastases</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>None</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>None</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12, 1950, to 6-19, 1951, that I last saw the deceased alive on 6-17, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

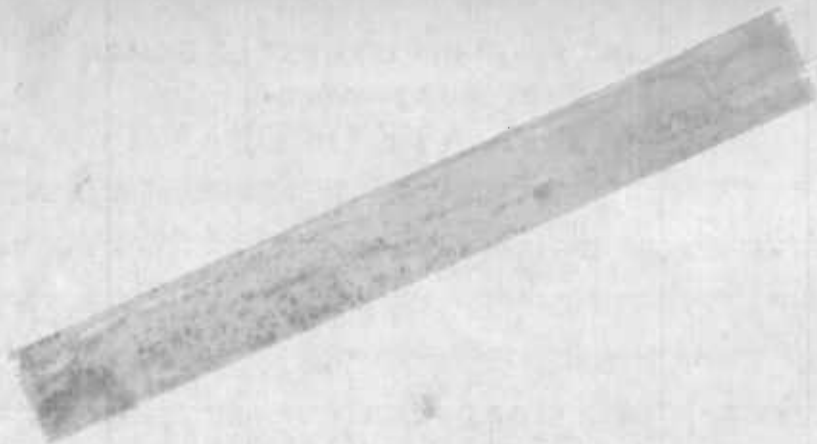
DATE SIGNED

23. BURIAL, CREMATION REMOVAL, (Specify) <u>Burial</u>	DATE THEREOF <u>6/22/51</u>	NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>	LOCATION (City, town, or county) (State) <u>Near Greensboro, Md.</u>
DATE REC'D BY LOCAL REG <u>6/22/51</u>	REGISTRAR'S SIGNATURE <u>A. Clark Smith</u>	24. FUNERAL DIRECTOR <u>R.B. Rawlings</u>	ADDRESS <u>Greensboro Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED
JUL 18 1951
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05807

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u> TOWN <u>Maryland</u> STREET ADDRESS <u>Second Street</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>Charles</u> (Middle) <u>Hicks</u> (Last) <u>Barrow</u>				4. DATE OF DEATH (Month) <u>June</u> (Day) <u>4</u> (Year) <u>1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Aug 15 1874</u>	9. AGE last birthday <u>78</u> yrs.	If under 1 year Months Days Hours Mins.		If under 24 hrs. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
<u>Accountant (Retired)</u>		<u>Standard Oil</u>		<u>Baltimore Md</u>		<u>U. S.</u>	
13. FATHER'S NAME <u>Thomas Barrow</u>				14. MOTHER'S MAIDEN NAME <u>Mollie Holmes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.		17. INFORMANT <u>Alford Barrow, Monroeville, N.J.</u>			
<u>No</u>		(If yes, give war or dates of service)					
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) <u>Cerebral Hemorrhage</u>							
Antecedent cause(s) (b) <u>Arterio Sclerosis</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 31</u> , 1951, to <u>June 4</u> , 1951, that I last saw the deceased alive on <u>June 4</u> , 1951, and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.							
SIGNATURE <u>Almon D. George, MD</u>				ADDRESS <u>Denton Md</u>			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>June 6, 1951</u>		<u>Spring Hill</u>		<u>Carroll</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>6/5/51</u>		<u>Sam D. O'Grady</u>		<u>W. B. Sharp</u>		<u>Denton Md</u>	

000618

RECEIVED
JUN 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05808

Reg. Dist. No. 6.1

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Greensboro</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Greensboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS <u>None</u>	
3. NAME OF DECEASED (Type or Print) <u>Clarence</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>14</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2/11/1901</u>
9. AGE last birthday <u>50</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>No Record</u>		14. MOTHER'S MAIDEN NAME <u>No Record</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>215-20-1222</u>	
17. INFORMANT AND ADDRESS <u>Cornelius Brown Greensboro, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Shock - Hemorrhage</u> Antecedent cause(s) (b) <u>Gun shot wound to left chest</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Immediate</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Home</u>	(CITY OR TOWN) <u>Rural Greensboro</u> (COUNTY) <u>Caroline</u> (STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 4 1951 8 A.M.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Gun shot to chest - suicide</u>
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
SIGNATURE <u>Hanson D. George Deputy Medical Examiner - Denton</u>		DATE SIGNED <u>June 14 1951</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>6/7/51</u>	NAME OF CEMETERY OR CREMATORY <u>Union</u>
DATE REC'D BY LOCAL REG. <u>June 6 - 1951</u>	REGISTRAR'S SIGNATURE <u>L. Max Pippin</u>	LOCATION (City, town, or county) (State) <u>Near Goldsboro, Md.</u>
24. FUNERAL DIRECTOR <u>R. B. Rawlings</u>		ADDRESS <u>Greensboro Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 11 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05809

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>near Denton</u> TOWN <u>Denton</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS _____				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>near Ridgely</u> TOWN <u>Ridgely</u> STREET ADDRESS <u>R.F.D.</u> (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>SAMUEL</u> (First) <u>EUGENE</u> (Middle) <u>BYRIS</u> (Last)				4. DATE OF DEATH <u>JUNE</u> (Month) <u>24</u> (Day) <u>1951</u> (Year)			
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct 16, 1936</u>	9. AGE last birthday <u>14</u> yrs.	If under 1 year Months _____ Days _____	If under 24 hrs Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>school</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		
13. FATHER'S NAME <u>Samuel Byris</u>			14. MOTHER'S MAIDEN NAME <u>Beatrice Smith</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY No. <u>no</u>		17. INFORMANT AND ADDRESS <u>Mrs. Beatrice Smith, Ridgely, Md.</u>		
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH- Immediate cause (a) <u>Accidental Drowning</u> Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____							
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY <u>Rural</u>		(CITY OR TOWN) <u>Denton</u> (COUNTY) <u>Caroline</u> (STATE) <u>Md</u>		
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 24 - 51 3 p.m.</u>			INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR? <u>Drowning in Choptank River -</u>		
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE <u>Nelson D. George, M.D., Medical Examiner - Denton, Md.</u>			ADDRESS _____			DATE SIGNED <u>6/27/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 26, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Chapel</u>		LOCATION (City, town, or county) (State) <u>near Cordova Md.</u>	
DATE REC'D BY LOCAL REG. <u>6/27/51</u>		REGISTRAR'S SIGNATURE <u>Nelson D. George</u>		24. FUNERAL DIRECTOR <u>J. Virgil Moore & Son, Denton, Md.</u> ADDRESS _____			

BUREAU V. S.

JUN 20 1951

RECEIVED

Reg. Dist. No. 62

3

1. PLACE OF DEATH COUNTY <u>Caroline</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Denton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>EMMA</u> (First) <u>BLOOD</u> (Middle) <u>CASHO</u> (Last)		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>16</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 21, 1857</u>
9. AGE last birthday <u>93</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	
11. BIRTHPLACE (State or foreign country) <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Simon Blood</u>		14. MOTHER'S MAIDEN NAME <u>Adeline Stalls</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Henry Delwiler, Denton, Md.</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs -</u>	
Immediate cause <u>50.0</u> Antecedent cause(s) <u>97</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?		(CITY OR TOWN) (COUNTY) (STATE)	
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>49</u> , to <u>June 16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 15</u> , 19 <u>51</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Dr. George M. D.</u>		DATE SIGNED <u>6/18/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>June 18, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Greenmount</u>		LOCATION (City, town, or county) (State) <u>Hillboro Md.</u>	
DATE REC'D BY LOCAL REG. <u>6/18/51</u>		24. FUNERAL DIRECTOR <u>Virgil Hanes Sr. Denton, Md.</u>	

RECEIVED
JUN 25 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05811

Reg. Dist. No. *60*

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Templeville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Templeville, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Templeville</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>John W. Davis</u>		4. DATE OF DEATH <u>June 18, 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 24, 1876</u>
9. AGE last birthday <u>74</u> yrs. <u>9</u> Months <u>24</u> Days <u>24</u> Hours <u>19</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	
11. BIRTHPLACE (State or foreign country) <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>usa</u>	
13. FATHER'S NAME <u>George T. Davis</u>		14. MOTHER'S MAIDEN NAME <u>Mary H. Short</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Herbert Knotts, Templeville, Md.</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Acute Cystitis</u>			
Antecedent cause(s) (b) <u>Bilateral sigmoidal diverticula (large)</u>			
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>General Atherosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Smoking</u>			
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION <u>NO</u>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>NO</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb</u> , 1949, to <u>June 18</u> , 1951., that I last saw the deceased alive on <u>June 18</u> , 1951., and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>C. N. White</u>		ADDRESS <u>Templeville, Md.</u> DATE SIGNED <u>6/19/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 21, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Templeville</u>		LOCATION (City, town, or county) (State) <u>Templeville, Md.</u>	
DATE RECEIVED BY LOCAL REG. <u>6/20/51</u>		REGISTRARS SIGNATURE <u>Raymond B Rawlings</u> ADDRESS <u>290646</u>	

MARGIN RESERVED FOR BINDING

VS. A13

RECEIVED TO THE DIRECTOR OF DEATH

RECEIVED TO THE DIRECTOR OF DEATH

RECEIVED
JUL 3 1961
BUREAU A. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05812

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Howard's Corner</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Howards Corner Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>RFD</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Lacy</u>	(Middle) <u>H.</u>	(Last) <u>Fluharty</u>
4. DATE OF DEATH	(Month) <u>6</u>	(Day) <u>29</u>	(Year) <u>19 51</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>4/4/1881</u>
9. AGE last birthday <u>70</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>saw mill operator</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Stephen Fluharty</u>		14. MOTHER'S MAIDEN NAME <u>Andrews</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>214-10-0589</u>	
17. INFORMANT AND ADDRESS <u>Elmer H. Fluharty Preston, Md.</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Cerebral Hemorrhage</u>				<u>Sudden</u>	
Antecedent cause(s) (b) <u>Arterio Sclerosis</u>				<u>Several yrs</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u></u>					
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>		INJURY OCCURRED White at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Did not see him alive</u> , 19....., to <u>8 P</u> , 19....., that I last saw the deceased alive on <u>8 P</u> , 19....., and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.					
SIGNATURE <u>George D. Plummer</u>		ADDRESS <u>Dr. George D. Plummer - Dr. Plummer Md</u>		DATE SIGNED <u>7/2/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>B</u>		DATE <u>7/3/51</u>		NAME OF CEMETERY OR CREMATORY <u>Jr. O. U. A. M.</u>	
LOCATION (City, town, or county) <u>Preston, Md.</u>		(State) <u></u>			
DATE REC'D BY LOCAL REG. <u>7/3/51</u>		REGISTRAR'S SIGNATURE <u>Corneha H. Plummer</u>		24. FUNERAL DIRECTOR <u>H.M. Hollis</u>	
ADDRESS <u>Preston, Md.</u>					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

640307

RECEIVED
JUL 6 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05813

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Dundalk</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rich Hall</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Schall Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>"</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Clara</u> (Middle) <u>O.</u> (Last) <u>Segg</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>2</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 15 1870</u>
9. AGE last birthday <u>80</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Rich Hall, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Stevens</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Jolly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>"</u>	
17. INFORMANT AND ADDRESS <u>W. Howard Segg Rich Hall, Md</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Passive Congestion</u>		<u>3 days</u>
Antecedent cause(s) (b) <u>Marked Debility - Catheter</u>		<u>unknown</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>"</u>		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2, 1951, to 6-2, 1951, that I last saw the deceased alive on 6-2, 1951, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL, (Specify) <u>Burial</u>	DATE THEREOF <u>June 5 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel, Md.</u>	LOCATION (City, town, or county) (State) <u>Rich Hall, Maryland</u>
DATE REC'D BY LOCAL REG. <u>June 2-1951</u>	REGISTRAR'S SIGNATURE <u>L. McPeggin</u>	24. FUNERAL DIRECTOR <u>Marvin V. Williams</u>	ADDRESS <u>Chesapeake, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-15

RECEIVED
JUN 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05814

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ridgely</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ridgely</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ola</u>	(Middle) <u>B. Nichols</u>	(Last) <u>Lewis</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1/10/1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>63</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Denton, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Harrison Beluah</u>		14. MOTHER'S MAIDEN NAME <u>No Record</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>219-14-3694</u>	
17. INFORMANT AND ADDRESS <u>James Nichols Denton, Maryland</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary Thrombosis</u> Antecedent cause(s) (b) <u>Interventricular Coronary Arteriosclerosis</u> Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Chronic hypertension</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 10, 1951</u> , to <u>June 30, 1951</u> , that I last saw the deceased alive on <u>June 29, 1951</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Charles H. Stouffer</u>		ADDRESS <u>Greenbelt, Md.</u>	
DATE SIGNED <u>July 2, 1951</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>7/3/51</u>	
NAME OF CEMETERY OR CREMATORY <u>Denton</u>		LOCATION (City, town, or county) (State) <u>Denton, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>7/3/1951</u>		REGISTRAR'S SIGNATURE <u>Mary E. Laird</u>	
24. FUNERAL DIRECTOR <u>R. B. Rawlings</u>		ADDRESS <u>Greenbelt, Md.</u>	

RECEIVED
JUL 9 1961
BUREAU A.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05815

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>near Denton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>near Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>THOMAS HENRY MELTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 19 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 7, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caretaker - Mrs. G. Bldg.</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>Elisha Melton</u>		14. MOTHER'S MAIDEN NAME <u>Coratt Gilman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Eura. Thomas Melton, Denton, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
<p>Immediate cause (a) <u>Coronary occlusion</u></p> <p>420.1 Antecedent cause(s) (b) <u>Coronary artery disease</u></p> <p>94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Emphysema of the lungs, Hypertrophy of the prostate</u></p>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1951 to June 19, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at 3:30 m., from the causes and on the date stated above.

SIGNATURE <u>Dr. L. C. Leary</u>	(Degree or title) <u>M.D.</u>	ADDRESS <u>Queen Anne Md</u>	DATE SIGNED <u>6/20/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>June 21, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Monticello Mem. Cem.</u>	LOCATION (City, town, or county) (State) <u>Charlottesville, Va.</u>
DATE REC'D BY LOCAL REG. <u>6/20/51</u>	REGISTRAR'S SIGNATURE <u>Wm. D. George</u>	24. FUNERAL DIRECTOR <u>J. Virgil Moore Son, Denton, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

763936

BUREAU W. S.

JUN 25 1961

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05816

Reg. Dist. No. 64

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Federalsburg</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Federalsburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>University Avenue</u>		STREET ADDRESS (If rural, give location) <u>University Avenue</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Mamie</u> <u>Ivins</u> <u>Morgan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June</u> <u>6</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 1, 1899</u>
9. AGE last birthday <u>52</u> yrs.		10. If under 1 year Months Days Hours Mln. <u>June 6 1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Caroline County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Abijah Ivins</u>		14. MOTHER'S MAIDEN NAME <u>Dora Carroll</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT AND ADDRESS <u>William R. Morgan, Jr., Federalsburg, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Acute Pulmonary Arterio

INTERVAL BETWEEN ONSET AND DEATH

25 MIN

Antecedent cause(s)

(b)

Chronic Rheumatic Heart Disease

9/17/72

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 9/17, 1942, to 6/6/51, 1951, that I last saw the deceased

alive on 6/6/51 and that death occurred at 10:05 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W. E. Jenkinson M. D. Federalsburg, Maryland

June 8, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>June 9, 1951</u>	<u>Hill Crest Cemetery</u>	<u>Federalsburg, Maryland</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>June 8, 1951</u>	<u>B. J. Frampton</u>	<u>J. J. Frampton and Son,</u>	<u>Federalsburg, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05817

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Iowa</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mar Denton</u> LENGTH OF STAY (In this place) <u>16</u> yrs		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Bettendorf</u> <u>Iowa</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>921 Hall Street</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>ROBERT</u> (Middle) <u>WARNER</u> (Last) <u>NOCAR</u>	4. DATE OF DEATH	(Month) <u>June</u> (Day) <u>23</u> (Year) <u>1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 29, 1932</u> 9. AGE last birthday <u>19</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Navy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Navy</u>	11. BIRTHPLACE (State or foreign country) <u>unknown</u>
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>1951</u>		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT AND ADDRESS <u>Mrs. W.A. Stewart, 921 Hall St. Bettendorf, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
850.8 Immediate cause (a) <u>Accidental Drowning</u>			<u>1 day</u>
172 Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		PLACE (Home, farm, factory, street, or office bldg., etc.) <u> </u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 23-51 4 P.m.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Fell from boat</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>Dr. George D. George</u> (Degree or title)		ADDRESS <u> </u> DATE SIGNED <u>6/23/51</u>	
23. BURIAL, CREMATION OR REMOVAL (Specify) <u>Removal</u>	DATE THEREOF <u>6/25/51</u>	NAME OF CEMETERY OR CREMATORY <u>Bettendorf</u>	LOCATION (City, town, or county) (State) <u>Bettendorf Iowa</u>
DATE REC'D BY LOCAL REG. <u>6/23/51</u>	REGISTRAR'S SIGNATURE <u>Wm D. George</u>	24. FUNERAL DIRECTOR <u>J. Varghese</u> ADDRESS <u> </u>	

RECEIVED
JUN 20 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05818

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federalsburg</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federalsburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>River Road</u>		STREET ADDRESS (If rural, give location) <u>River Road</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Alice</u> <u>R.</u> <u>Phillips</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June</u> <u>4</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 21, 1906</u>
9. AGE last birthday <u>44</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Federalsburg, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Edward Turner</u>		14. MOTHER'S MAIDEN NAME <u>Annie E. Neal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>_____</u>	
17. INFORMANT AND ADDRESS <u>Ray Phillips, Federalsburg, Maryland</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Coronary thrombosis

Antecedent cause(s)

(b)

Hypertensive cardiovascular disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Congestive heart failureII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12 Jan., 1951, to 4 June, 1951 that, I last saw the deceased alive on 2:00 AM, 1951, and that death occurred at 5:15 a. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 7, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Federal Hill Cemetery</u>	LOCATION (City, town, or county) <u>Federalsburg, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>June 6, 1951</u>	REGISTRAR'S SIGNATURE <u>S. J. Frampton</u>	24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalsburg, Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED

JUN 13 1951

F. BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05819

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD.</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Denton, Md. R.T.D.</u> LENGTH OF STAY (in this place) <u>72 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Denton, Md. R.T.D.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>John.</u> (Middle) <u>Edward.</u> (Last) <u>Pollard</u>	4. DATE OF DEATH	(Month) <u>6</u> (Day) <u>19</u> (Year) <u>1951</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Huckster</u>	8. DATE OF BIRTH <u>6/4/79</u> 9. AGE last birthday <u>72</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Queen Anne Co., Md.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>Samuel R. Pollard</u>		14. MOTHER'S MAIDEN NAME <u>Annie Mae</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>218-20-9108</u> 17. INFORMANT AND ADDRESS <u>Addie Lee Towers</u> <u>Denton R.T.D.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Pulmonary TuberculosisINTERVAL BETWEEN ONSET AND DEATH
10 months

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY				

22. I hereby certify that I attended the deceased from 6/1/51, 1951, to 6/12/51, 1951, that I last saw the deceased alive on 6/19/51, 1951, and that death occurred at 10 P.M. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6/22/51</u>	<u>Ridgely</u>	<u>Ridgely, Md.</u>	<u>State</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>6/21/51</u>	<u>Dr. O. George</u>	<u>R. B. Rawlings</u>	<u>Greenboro</u>	

290686 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 25 1964
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05820

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Greensboro</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Greensboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u>	(Middle) <u>D.</u>	(Last) <u>Satterfield</u>
4. DATE OF DEATH	(Month) <u>6</u>	(Day) <u>5</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8/26/1878</u>
9. AGE last birthday <u>72</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Tenant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Albert Satterfield</u>		14. MOTHER'S MAIDEN NAME <u>Eunity Roe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Carroll Saterfield Greensboro, Md</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Chronic Myocarditis</u>		
Antecedent cause(s) (b) <u>Arteriosclerotic Cardiovascular Disease</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Bronchial Asthma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, or office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1951, to June 5, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 6:30 PM, from the causes and on the date stated above.

SIGNATURE Charles X. Satterfield Jr. ADDRESS Greensboro, Maryland DATE SIGNED 6/7/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/8/51 NAME OF CEMETERY OR CREMATORY Denton LOCATION (City, town, or county) (State) Denton, Maryland

DATE REC'D BY LOCAL REG. June 8-1951 REGISTRAR'S SIGNATURE L. M. Pippin 24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105

THE STATE OF DEATH

BUREAU W.S.

JUN 11 1951

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05821
Reg. Dist. No. 60

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Henderson</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Henderson</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS <u>None</u>	
3. NAME OF DECEASED (Type or Print) <u>Rosie</u> (First) <u>Stanford</u> (Middle) (Last)		4. DATE OF DEATH <u>6</u> (Month) <u>22</u> (Day) <u>51</u> (Year)	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/27/1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>42</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Felix Keys</u>		14. MOTHER'S MAIDEN NAME <u>Carrie Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>John Denby Henderson, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 25, 1951, to June 22, 1951, that I last saw the deceasedalive on June 21, 1951, and that death occurred at 5 A.M. from the causes and on the date stated above.

SIGNATURE

(Degree of title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416

RECEIVED
JUL 3 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05822

Reg. Dist. No. 66

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Near Ridgely</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Near Ridgely</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>BLANCH</u> (First) <u>STARKEY</u> (Last)		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>7</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 2, 1901</u>
9. AGE last birthday <u>49</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Frank Laird</u>		14. MOTHER'S MAIDEN NAME <u>Ada Stockdale</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Albert Starkey, Ridgely, Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Cerebral Hemorrhage
(b) Essential Hypertension
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE HOMICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 7, 1951, to June 7, 1951, that I last saw the deceased

alive on June 7, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE Charles H. Freeman M.D. (Degree or title) ADDRESS Freemans, Inc 6/8/51 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 10, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	LOCATION (City, town, or county) <u>Willingboro, Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>6/8/51</u>	REGISTRAR'S SIGNATURE <u>Mary E. Laird</u>	24. FUNERAL DIRECTOR <u>J. Virgil Moore Law Denton</u>		ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JUN 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05823

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Goldsboro</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Goldsboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Howard</u> (Middle) <u>S.</u> (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) <u>6</u> (Day) <u>29</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/18/1874</u>
9. AGE last birthday <u>76</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber Own Shop</u>	
11. BIRTHPLACE (State or foreign country) <u>Greensboro, Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Samuel Thomas</u>		14. MOTHER'S MAIDEN NAME <u>No Record</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Josephine Thomas Greensboro, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1951, to June 29, 1951, that I last saw the deceasedalive on June 29, 1951, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

74084 Mel.

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05824

Reg. Dist. No. 60

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Henderson</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Henderson</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Doris</u>	(Middle) <u>Elaine</u>	(Last) <u>Tribbitt</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12/8/1931</u>
9. AGE last birthday <u>19</u> yrs.		4. DATE OF DEATH <u>6</u> (Month) <u>2</u> (Day) <u>51</u> (Year) <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Harvey Tribbitt</u>		14. MOTHER'S MAIDEN NAME <u>Bessie H. Hughes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Bessie Hughes Henderson, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
<p>Immediate cause (a) <u>Epilepsy (Grand mal)</u></p> <p>Antecedent cause(s) (b) <u>353.1</u></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>85</u></p>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICID HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1951, to June 2, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 4:20 A.M. from the causes and on the date stated above.

SIGNATURE Charles H. Thompson M.D. ADDRESS Greensboro, Md. DATE SIGNED June 4 1951

23. BURIAL, CREMATION REMOVAL (Specify)
Burial DATE THEREOF 6/5/51 NAME OF CEMETERY OR CREMATORY Greensboro LOCATION (City, town, or county) (State)
Greensboro, Md.

DATE REC'D BY LOCAL REG. 6/5/51 REGISTRAR'S SIGNATURE A. Clark Smith 24. FUNERAL DIRECTOR P.B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

UNITED STATES DEPARTMENT OF JUSTICE

STATE OF TEXAS

RECEIVED
JUL 3 1961
BUREAU A. B.